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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
09/743,825	01/15/2002	Rodrigo F. Chaqui	66043

CONFIRMATION NO. 8611

45323
 NATIONAL INSTITUTES OF HEALTH
 C/O VENABLE LLP
 P. O. BOX 34385
 WASHINGTON, DC 20043-9998



OC000000013794414

Date Mailed: 09/14/2004

NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 08/24/2004.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.


 KIMBERLY LYNN A DOWNING
 1600 (571) 272-0521

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 120 SOUTH LA SALLE STREET
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OC000000013794408

Date Mailed: 09/14/2004

NOTICE REGARDING CHANGE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 08/24/2004.

- The Power of Attorney to you in this application has been revoked by the assignee who has intervened as provided by 37 CFR 3.71. Future correspondence will be mailed to the new address of record(37 CFR 1.33).


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